

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE			
						09972365				
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
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47							97			
48							98			
49							99			
50							100			
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TOTAL DEP.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>				
TOTAL CLAIMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS